

DOCUMENT RESUME

ED 146 751

EC 103 055

AUTHOR Fallen, Nancy H.
TITLE Young Children with Special Needs: Student Manual.
INSTITUTION Virginia Commonwealth Univ., Richmond.
SPONS AGENCY Virginia Developmental Disabilities Planning and
 Advisory Council, Richmond.
PUB DATE 76
NOTE 65p.

EDRS PRICE MF-\$0.83 HC-\$3.50 Plus Postage.
DESCRIPTORS *Developmental Disabilities; Early Childhood
 Education; Exceptional Child Education; *Individual
 Characteristics; *Intervention; *Student Needs; Study
 Guides

ABSTRACT

Intended to accompany 15 film components, the manual focuses on the nature and needs of young children with developmental disabilities and the rationale for educational intervention during the formative years. Programs cover the following topics: introduction to developmental disabilities; children at high risk; available services; diagnosis, assessment, and remediation; community resources; learning processes; motor development; language development; concept development; self help skills; social and emotional development; children's play; family life; health, safety, and nutrition; and parents of children with special needs. Along with a foreward, each program section includes an outline of objectives, study questions, required reading, and suggestions for additional reading. Appended are a special dictionary, a list of information resources, and bibliographic data on additional references. (SBH)

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Young Children With Special Needs

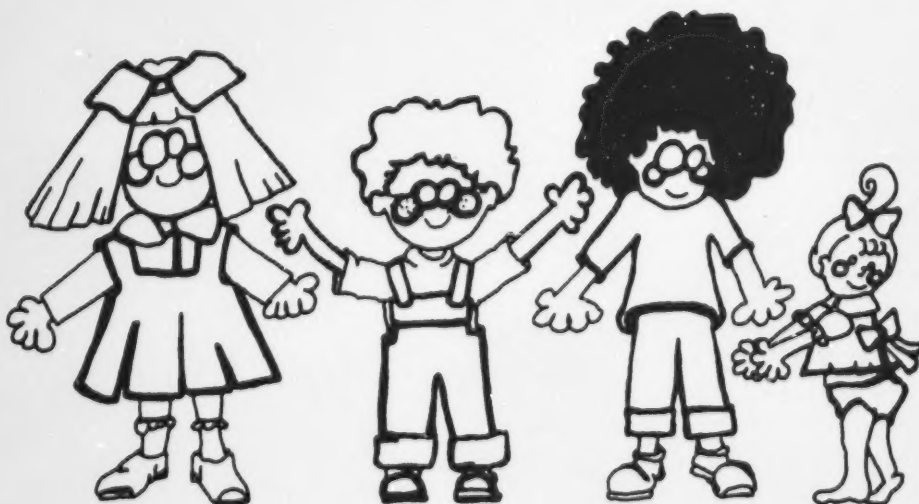
Student Manual

Nancy H. Fallen, Ed.D.
Virginia Commonwealth University

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A televised series presented by

The Virginia Association for Retarded Citizens, Inc. in cooperation
with the School of Education and Continuing Education
of Virginia Commonwealth University and
Central Virginia Educational Television Corporation.

This project was partially funded by a grant from
The Virginia Developmental Disabilities Planning and Advisory Council.

• Nancy H. Fallen, 1976

PREFACE

Two well supported ideas developing simultaneously have merged in the making of the televised course, Young Children With Special Needs. On the one hand is the recognition of educational television's unique potential for reaching people who for various reasons could not consider attending any kind of educational program.

On the other hand is the growing concern that valuable learning time is lost for young handicapped children unless parents know how to use the pre-school years for effective stimulation and instruction. Although parent training programs are developing throughout the country at this time, they are not available to vast numbers of people who need such help.

The merging of these movements prompted the executive director of the Virginia Association for Retarded Citizens, Inc., to seek funding for a film concerned with the education of young handicapped children and directed to their parents.

Funds were secured from the Virginia Developmental Disabilities Planning and Advisory Council with in-kind match required from participating agencies. Virginia Commonwealth University became responsible for the film content and Central Virginia Television Corporation assumed the task of film production. Fund requirements included the use of the film as a course for at least one year and the film content be concerned with developmental disabilities among young children.

Study in preparation for the development of script content emphasized the need for professionals and parents to have a common understanding of the various problems involved in meeting the needs of young handicapped children. At that point it was decided to make the film multi-purposed. Thus, it has been designed as an introductory course for parents, teachers, and personnel in the health professions. While its content is directed toward the needs of children with developmental disabilities, much of its thought is applicable to other children with special needs.

This manual has been designed to assist the student seeking course credit and the seminar leaders. The term guide has been chosen intentionally. Its purpose is to provide directions, not limits. Suggestions for its improvements will be gratefully accepted.

Nancy H. Fallen
Richmond, Virginia

July, 1976

ACKNOWLEDGEMENTS

Not many projects have been as privileged as the one which has yielded the televised course, Young Children With Special Needs. Its privilege has not been high level funding, adequate staffing or abundant space; instead, its privilege has come from the vast resource of talent all directed toward the film's creation, generally on an over-time basis. Acknowledging by name all the people who have given generously of their time and talents is an impossible task. Acknowledgement by groups is still a sizable undertaking, but my deep gratitude will not allow for any more general treatment.

Beginning at the top of an unordered list, my deep appreciation is expressed to the Virginia Developmental Disabilities Planning and Advisory Council for its "faith-enough-to-fund" the development of the televised course. Equal amounts of appreciation are directed to the Virginia Association for Retarded Citizens, Inc., (VARC) who had faith enough to request the funds and to its staff which has carried its share of responsibility throughout the funding period. Many thank-you's go to the people who work for Central Virginia Television Corporation (WCVE). WCVE personnel have been supportive beyond belief. The special people from both agencies assigned to this series have not only been tremendously helpful, but kind, understanding and really fun to work with. They have made a frustrating task enjoyable and the year favorably unforgettable.

Each member on the Board of Advisors has contributed heavily to the film content. Their suggestions were incorporated in the earlier script outlines and their suggestions for script development have been branded "important". Their evaluation of two programs were in line with those of parents and other professionals providing a much needed feeling of security that the project was progressing in the right direction.

Correspondence with other agencies concerned with many handicapped children (see Information Resources) has been heavy and free-flowing. Their willingness to share has been rewarding. Their help continues to be appreciated.

The faculty and administration of Virginia Commonwealth University have literally poured their talents into the film and the development of the course components. With few exceptions, their response to coordination has been exemplary. Continuing Education envisioned the project and recognized its worth. Administrators, faculty and/or students from the following schools have had a part in the project's implementation: School of Allied Health Professions, School of Dentistry, School of Education, School of Medicine, School of Nursing, School of Social Work and School of the Arts. The Audio-Visual Service on the West Campus and MCV Visual Education Department, Health Sciences Division have provided space, services and technical knowledge almost on a daily basis.

With all the aforementioned help, nothing could have been accomplished without the generous cooperation of parents and their children, programs and services throughout the state concerned with the care of the developmentally disabled. Their sacrificial dedication to developing public awareness of their children's awesome problems is impressive. It has been gratifying that Young Children With Special Needs has been viewed as useful to them.

Each individual contribution to the project in its entirety is gratefully remembered. I shall always be thankful for the rewarding experience of working with many sensitive, caring people.

Nancy Fuller

YOUNG CHILDREN WITH SPECIAL NEEDS

TABLE OF CONTENTS

PREFACE	.1
ACKNOWLEDGEMENTS.	.11
TABLE OF CONTENTS	.111
COURSE DESCRIPTION.	.1
USE OF THE STUDENT GUIDE.	.3
PROGRAM 1 AN INTRODUCTION TO DEVELOPMENTAL DISABILITIES.	.4
PROGRAM 2 CHILDREN AT HIGH RISK.	.6
PROGRAM 3 WHO CAN HELP?.	.8
PROGRAM 4 DIAGNOSIS, ASSESSMENT AND REMEDIATION.	.11
PROGRAM 5 COMMUNITY RESOURCES.	.13
PROGRAM 6 HOW DO CHILDREN LEARN?	.15
PROGRAM 7 MOTOR DEVELOPMENT.	.17
PROGRAM 8 LANGUAGE DEVELOPMENT	.19
PROGRAM 9 CONCEPT DEVELOPMENT.	.22
PROGRAM 10 SELF-HELP SKILLS	.24
PROGRAM 11 SOCIAL AND EMOTIONAL DEVELOPMENT	.26
PROGRAM 12 CHILDREN'S PLAY.	.28
PROGRAM 13 FAMILY LIFE.	.30
PROGRAM 14 HEALTH, SAFETY AND NUTRITION	.32
PROGRAM 15 PARENTS OF CHILDREN WITH SPECIAL NEEDS	.34
A SPECIAL DICTIONARY.	.36
INFORMATION RESOURCES	.47
BOARD OF ADVISORS	.49
ADDITIONAL SELECTED REFERENCES.	.50

COURSE DESCRIPTION

Education 465/565 Young Children With Special Needs is an introductory course concerned with the nature and needs of young children (ages 0-5) with developmental disabilities and the rationale for educational intervention during the formative years. The fifteen film components, approximately one-half hour in length, have been planned to answer the following questions: (1) What groups of children are considered to have developmental disabilities? (2) What services and facilities are available to them? (3) What are the developmental potentials of such children? and (4) What constitutes "education" for them?

Several threads of thought run through the entire series. They are: (1) Parents or parent substitutes are the child's first teachers and their continuing role as teachers is unique; (2) As the child develops, his educational needs change also; educational needs include a wide scope of supportive services; and (3) Appropriate instructional materials are an important part of the learning environment.

The purposes of the course comprise programming for college credit; teacher and health professions personnel training, certification and/or licensure; paraprofessionals training; parent information and training; and general public awareness of the needs of developmentally disabled children.

GOALS AND OBJECTIVES

A. Goals

- (1) Enhance the possibility that substantially disabled children, ages 0-5, will enter the educational service system.
- (2) Enhance the possibility that these same children will enter all other available supportive service systems in their community.
- (3) Provide instruction for parents of children with developmental disabilities and other persons concerned with or directly involved with the education and welfare of these children to insure maximal opportunities for learning and development commensurate with the child's potential.

B. Objectives

Because the film components will be shown on public television, the following are specific objectives with regard for both student and non-student viewers:

- (1) Increase the enrollment of developmentally disabled children in school sponsored programs as a result of parent exposure to this series.
- (2) Increase the number of developmentally disabled children in other community programs as a result of parental and agency personnel exposure to this series.

- (3) Increase the competencies of parents and of pre-service and in-service teachers to better facilitate developmental educational programs.
 - a. Parents of children with developmental disabilities should acquire an acute awareness of (1) the needs of their child; (2) the location of services available to them; (3) who to contact for needed services; (4) their child's right to full services and an appropriate education; (5) their own roles as teachers and child advocates; (6) specific techniques for facilitating learning and for promoting full development commensurate with their child's potential; and (7) ways of enriching the life of each family member.
 - b. The non-parent viewers should acquire a greater understanding of (1) the child with developmental disabilities; (2) his parents' problems; (3) what services are available to the child and what services are needed; and (4) the developmental potential of such children.
 - c. The student viewer in education should acquire the same understandings as those listed for the non-parent viewer. Additionally, they will have learned (1) diagnostic procedures; (2) individual program development and implementation techniques; (3) specific skills development techniques; and (4) ways of working with other professionals to provide full services needed by the child.
 - d. The student viewer in the health sciences should acquire the same understandings as those listed for the non-parent viewer as well as knowledge of educational procedures and materials used in skills development. Also, they will gain an appreciation of the educator's role on an interdisciplinary team. The film series will facilitate certification renewal in some areas.

With closer understanding among parents, professionals and paraprofessionals, a continuous environment for learning can be provided for the child with developmental disabilities. Therefore, such children will receive the greatest benefits from the film series. The early identification of their problems and learning styles, ameliorative programming and sensitive assistance for their parents and siblings will serve to lessen the debilitating effects of their handicapping conditions.

Additionally, the film is designed to (a) encourage self-identification of the non-credit seeking viewing audience for more effective contact and later evaluation processes; (b) increase membership by 5% in local ARC's or similar organizations; and (c) stimulate among the general public greater positive attitudes toward the developmentally disabled.

COURSE REQUIREMENTS

Text: Young Children With Special Needs (in manuscript form)

Course requirements include the following activities:

1. Viewing each of the fifteen televised programs.
2. Attending 2½ hour seminars conducted by approved personnel. Students taking the course for one credit shall attend the first and last seminars. Other students will attend seminars following programs 1, 3, 5, 8, 11, 13 and 15. To avoid holidays or other special occasions, the seminar instructor may adjust seminar schedules. However, the suggested pattern should be followed as closely as possible.
3. Completing to the satisfaction of the seminar instructor all assigned work to include as a minimum:
 - a) A project designed by the student and approved contractually by the seminar instructor
 - b) A final examination

Students are encouraged to meet and establish a working relationship with a developmentally disabled child (age 0-5) and his family. Field trips to center-based programs are encouraged. Contact with the local school board office is a first step in determining what is available.

Also, the student should plan to read widely beyond assignments. As with any class, one will receive from it in proportion to what has been personally invested.

USE OF THE STUDENT GUIDE

The student guide is designed to organize the study of children with developmental disabilities, to provide structure for seminars, assuring a degree of similarity among them; and to extend the factual information presented in the televised programs.

The study questions have been made non-specific intentionally. Answers of yes or no are not desired. The student should direct his/her study, for instance, toward determining under what conditions certain events will occur or what factors seem to alter a situation. Also, the student is encouraged to list questions which come to mind during study lest they are forgotten between seminars. The blank pages in the Student Guide have been provided for note taking.

YOUNG CHILDREN WITH SPECIAL NEEDS

PROGRAM 1 AN INTRODUCTION

FOREWORD

True to the nature of an introduction, the viewer is invited to become acquainted with developmental disabilities, its incidence in various forms, and the problems it presents. Through varied legislation specifically PL 94-103, the nation has expressed its commitment to improving the quality of life for individuals with developmental disabilities. Among its provisions is an emphasis on identification as early as possible, even at birth, to allow for appropriate treatment, including educational programming, to prevent additional problems. This concern parallels similar interests on the state level as well as nationally, for all handicapped children. Additionally it supports current thinking on the value of human life, the rights of individuals and the promise of democracy. Parents can become effective agents of change by understanding their rights and the rights of their children and by actively pursuing those services guaranteed them by law.

OBJECTIVES

1. To promote an understanding of the term, developmental disabilities.
2. To develop public awareness of the incidence and problems of young children with developmental disabilities and their families.
3. To further the movement toward early identification and educational intervention for young children with special needs.
4. To facilitate an understanding of the nation's commitment to the developmentally disabled and the rights of parents and their children.

STUDY QUESTIONS

1. What are the distinguishing features of mental retardation, cerebral palsy, epilepsy, autism and those who have multiple handicapping conditions?
2. Will mentally retarded children "catch up" with their age peers?
3. Are cerebral palsy children retarded? Why are they considered developmentally disabled?
4. What are the different kinds of epilepsy? Are children with epilepsy retarded?
5. Are children with autism alike relative to behaviors?
6. How has the nation expressed its commitment to the handicapped? Why?
7. Will a study of young children with developmental disabilities lead to prevention of its causes?
8. Who is responsible for the delivery of service to the child with developmental disabilities?

REQUIRED READING

Text: Chapter 1 and Chapter 15

SUGGESTIONS FOR ADDITIONAL READING

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YOUNG CHILDREN WITH SPECIAL NEEDS

PROGRAM 2 CHILDREN AT HIGH RISK

FOREWORD

The expression "high risk" refers to maternal health conditions which in the past have been prevalent during pregnancy or were present at the birth of a child with a developmental disability. Also implied in the expression are the hazards of the birth process, and accidents associated with it. Not all children born at high risk will have developmental disabilities; however, the high percentage of those who will be damaged under such circumstances affords cause for concern.

While the issue of prevention is not treated directly in the film series, it is strongly implied. What is emphasized is the need to recognize the problems early enough to help the child acquire learning skills that will facilitate his development throughout life.

It has been demonstrated that the handicapped baby's passive resistance to his environment can be altered by infant stimulation. It has also been demonstrated that when parents of a child with developmental disabilities become involved in the educational program of their child, the quality of life for each member of the family improves.

OBJECTIVES

1. To delineate the relationship between high risk factors and developmental disabilities.
2. To emphasize the need for and value in early identification of children with developmental disabilities and appropriate educational programming.
3. To encourage the development of services and programs in areas where there are none, inadequate in quality, or too few in quantity by showing effective kinds of intervention now in progress.
4. To demonstrate ways educational intervention can facilitate the child's development and improve the quality of life for him and for his family.

STUDY QUESTIONS

1. Why does a society as knowledgeable as ours tolerate conditions which produce less-than-perfect children?
2. Can developmental disabilities be eliminated?
3. What are the measures for the prevention of developmental disabilities which are appropriate to our democratic way of life?
4. What are the arguments pro and con concerning the early identification of young handicapped children for the purpose of educational intervention?
5. What are the considerations necessary for appropriate educational programming for the young child with a developmental disability?
6. Distinguish between parents' rights and parents' responsibilities relative to the education of his child with developmental disabilities.

REQUIRED READING

Text: Chapter 2 and Chapter 18

SUGGESTIONS FOR ADDITIONAL READING

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YOUNG CHILDREN WITH SPECIAL NEEDS

CHAPTER 3 WHO CAN HELP?

FOREWORD

Several recurring themes run through the conversations or writings of parents whose children have developmental disabilities. One such topic concerns their feelings of inadequacy for dealing with the many inherent problems. Another indicates feelings of helplessness, not knowing what to do or where to turn for help. Still another subject frequently heard concerns the inferior quality of communication between parents and professionals, indicating not only a lack of common terminology, but also little understanding of each other's point of view.

While there are some problems inherent to developmental disabilities which may never be solved, seemingly, scholars in a free society can and should actively address themselves to: 1) Helping parents understand their uniquely significant role in the life of the child; they are capable of favorably influencing the child's life; 2) Making the helping professions known by name and by the service they provide; 3) Making clear how services can be secured and 4) Establishing at least one basis for understanding between parent and professional through the use of common terminology. In a study of young children with special needs, these points are even more significant, and their importance should be emphasized.

(The narration for the film "Who Can Help?" is adapted, in part, from descriptions of their profession prepared by most of the professionals appearing on the film.)

OBJECTIVES

1. To emphasize the home as the primary source of help for children with developmental disabilities.
2. To advance knowledge of various professions, the service provided by each and ways of securing needed services.
3. To facilitate communications among parents, teachers and personnel in the health professions by providing the opportunity for a common understanding of terminology used by different professionals.
4. To develop public awareness of the need for a variety of appropriate professional services in order that:
 - a. people informed about available services will be encouraged to pass such information to any uninformed parents of children with developmental disabilities.
 - b. resistance to making such services available where they are needed will be removed.
 - c. research concerning new services, and service systems will be facilitated.

STUDY QUESTIONS

1. How will public awareness of professional services and referral procedures be of help to the child with developmental disabilities?
2. Suggest ways in which professional service to parents of children with developmental disabilities can be coordinated.
3. What are the unmet needs for professional service in your community?
4. As a neighbor, what advice would you give to a mother who has recently learned that her child has a developmental disability? As a professional, how would your advice to the mother differ from that of a neighbor?
5. From a professional's point of view, what can be done (and should be done) when it becomes apparent that one available service in a community is not functioning adequately relative to the needs of families with developmentally disabled children?
6. a. What contributes to the differences in the perceptions of the professional and the perceptions of the parent concerning professional service needs of the child with a developmental disability?
b. What should be added to the training of personnel entering professional service to increase their sensitivity to parent perceptions concerning professional service needs of their child with a developmental disability?

REQUIRED READING

Text: Chapter 3 and Chapter 20

SUGGESTIONS FOR ADDITIONAL READING

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- The orthopedic surgeon, part I. The Exceptional Parent, June-July 1972, 2(1)
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YOUNG CHILDREN WITH SPECIAL NEEDS

PROGRAM 4 DIAGNOSIS, ASSESSMENT AND REMEDIATION

FOREWORD

Children with developmental disabilities have more likenesses to other children than differences. Their development generally follows the same sequence as that expected of other children. As with other children, new learning is based on what is already learned. These facts assist in the diagnosis-assessment process and indicate the child's curricular needs. One instrument used for this purpose is a set of developmental tasks as they are mastered by most children. Students are encouraged to become familiar with several development scales. They are valued for the information they provide without labelling the child.

Diagnosis may require several techniques. Among those most frequently used are check lists, rating scales, interviews, history taking, standardized tests as well as developmental profiles. Each discipline has its set of procedures, but the technique of observation is common to all.

The "team approach" has been recognized as the most comprehensive and the most efficient method of diagnosis. The term implies that a group of professionals from various disciplines concerned with developmental disabilities (social service, psychology, pediatrics, education, etc.) each working in close proximity to one another, study the child from the viewpoint of his/her profession. Their findings are shared with one another, and then recommendations are made to the parent.

Generally the "team approach" to diagnosis is the most satisfactory to parents. Besides requiring fewer appointments, the comprehensive investigation provides a total picture of the child; "the whole truth" regardless of its nature, is often more acceptable than the worry over what may have been missed in a less comprehensive diagnosis.

The "team approach" is considered ideal. Such teams may be found in diagnostic centers in various parts of the country as Child Development Clinics, Child Study Centers or Child Development Services. However, they are not easily available to all families who need them. Fortunately, the public health service is a readily available agency throughout the United States. Its personnel can assist in the diagnostic-assessment process and in helping the family to secure the services they need.

The educational child development specialist, an employee of the local school division, works directly with the parents of children with developmental disabilities. Although this professional is not available to all such families at this time, the service is becoming increasingly widespread.

OBJECTIVES

1. To promote an understanding of diagnosis and assessment by:
 - a. Illustrating differences in rate of learning
 - b. Establishing the relationship between learning differences and the diagnostic process

c. Defining the terms

2. To initiate a study of developmental scales, their use in assessment, and their value to parents.
3. To demonstrate the relationship between educational assessment and instruction.
4. To promote an understanding of the relationship between instruction and the child's development.
5. To warn against assessments made at inappropriate times.
6. To emphasize the importance of parent involvement and the involvement of other significant people in the child's instructional program.

STUDY QUESTIONS

1. What tests are available for educational use with children ages 0-5?
2. Why are standardized tests considered fairly unreliable at this age?
3. What are the advantages and disadvantages of standardized tests: developmental scales?
4. Of what use are developmental scales to parents?
5. Why is parent involvement in the child's instructional program considered important?
6. Why should assessments be made under favorable conditions? Prepare a list of unfavorable conditions.

REQUIRED READING

Text: Chapter 4 and Chapter 16

SUGGESTIONS FOR ADDITIONAL READING

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YOUNG CHILDREN WITH SPECIAL NEEDS

PROGRAM 5 COMMUNITY RESOURCES

FOREWORD

Parents of children with developmental disabilities have manifold needs. In addition to their children's needs, which they share, they have personal needs of their own. One such need is the assurance that they are capable of favorably influencing the development of their child; that what they do can make a difference. They need to know effective procedures, how routines of daily living (which may seem humdrum to them) can actually contribute to the child's feelings of security, and that repeated activities help to develop the child's feelings of success. Parents need the feeling of success as well, and like their children, they need to be rewarded for their efforts. For them, the child's progress will be the most welcomed reward.

The greatest problems faced by parents of children with special needs are the problems of isolation, a sense of loneliness and the feelings that no one cares. Additionally, the daily demands of the child's problem can become overwhelming. They need all kinds of professional support. Like all parents, they need temporary relief from the responsibility of the child's care.

In some communities, such problems have been recognized and special resources have been developed. The film presents those that are found most frequently and/or which are the most available.

However, it is not unusual to find that parents of children with special needs are unaware of their resources. Professionals concerned with such children are uniquely positioned to help parents become informed of available resources and to assist them in making the necessary contacts.

In areas where community resources are sparse or inadequate, professionals can be beneficial by remembering and responding to the fact that the most valuable resource of parents who have a child with developmental disabilities is another parent with the same problem.

OBJECTIVES

1. To emphasize the value of the home as a contributing resource in the child's development.
2. To demonstrate to parents of children with special needs how certain daily practices contribute to the early learning of the child; how these practices contribute to later learning.
3. To increase awareness among professionals of the individual needs, not only of the child with developmental disabilities, but also of each member of his family.
4. To indicate various kinds of community resources and how the services offered may be used.
5. To stimulate interest in further development of community resources which improve the quality of life for children with developmental disabilities and their families.

STUDY QUESTIONS

1. a. What kinds of programs are needed to assist parents in their roles as teachers?
b. How can such programs be made available to all who need them?
2. What resources are available to children with developmental disabilities and their families in my community?
3. What do the parents of children with special needs say are their unmet needs?
4. Should the community provide special services for children with developmental disabilities? Why?
5. a. In what ways can professionals concerned with the education and welfare of young children with special needs assist in the development of community resources?
b. Is this a task professionals should assume?

REQUIRED READING

Text: Chapter 5 and Chapter 22

SUGGESTIONS FOR ADDITIONAL READING

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YOUNG CHILDREN WITH SPECIAL NEEDS

PROGRAM 5 HOW DO CHILDREN LEARN?

FOREWORD

In preparation for viewing this program, the student is reminded that the film has been directed to parents. Although it is probably true that most students taking this course have had full courses in learning theory, it is equally probable that most of the non-student viewers of the film have not.

Film content advisors felt that the essence of learning theory and some of its terminology was essential. The reason for this point of view is that professionals inadvertently use the "jargon of their trade" as if those terms were commonly understood by everyone. The film is an attempt toward making professional terminology meaningful to the viewer.

Since the subject of learning has filled innumerable volumes, much of what might have been expected in the thought content of the film could not be included. For instance, chaining and transfer of learning, both of which are known to be difficult for some children with developmental disabilities, are not mentioned. Other reasons contributed to omissions in the film's development. One, the readiness level of learning for some non-student viewers is not equal to that of the university student. Also, the conflicting viewpoints of many authorities concerning learning theories would serve only to confuse those who only watch the film.

Therefore, the student is urged to use the film for clarification of information he/she already possesses and to direct his outside reading to the first study question. This process should enable the student to make practical application of learning theory to the problems of learning in children with developmental disabilities.

OBJECTIVES

1. To delineate some of the ways by which children learn in order that:
 - a. A common understanding of terminology can be achieved between parent and professional.
 - b. Children's behavior will have meaning for the parent and/or professional.
2. To encourage the use of certain practices which help the child to learn in ways which make him socially acceptable and which promote his development in a favorable direction.
3. To increase awareness of those practices which inhibit learning or make later learning more difficult.

STUDY QUESTIONS

1. What are the specific learning problems of the child with cerebral palsy? the child who is mentally retarded? the child with autism? the child with epilepsy? the multiply handicapped child?

2. What is meant by this statement: "Children will learn even without instruction."
3. How can "arranging the environment" affect the child's learning?
4. What is the relationship between successful learning and later learning?

REQUIRED READING

Text: Chapter 6 and Chapter 21

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YOUNG CHILDREN WITH SPECIAL NEEDS

PROGRAM 7 MOTOR DEVELOPMENT

FOREWORD

From studies of motor development in humans, certain principles have emerged which provide a foundation for understanding motor problems encountered by some children with developmental disabilities. These basic truths are generally applicable to and have some influence on, all areas of development.

1. Motor development is equally dependent upon maturation and learning. Maturation implies that body control and the development of the motor areas of the brain are simultaneous. These parallel processes result in a state of readiness for learning. However, learning will be accomplished only when the child's nervous system and muscles have developed sufficiently to master the task.

2. Maturation can not be hurried; therefore, training in movement for which the child is not ready will not be productive.

3. Skills which are indicative of motor development generally occur in an orderly predictable sequence. Muscular control develops from head to toe; from the center of the body to the extremities; and from mass movement to specific activities.

4. Motor development advances in predictable stages. Authorities view the stages differently, but they agree that each stage emerges from a prerequisite stage; each stage is dependent upon its prerequisite, and each stage influences the next developing stage.

5. Individual differences in the rate of motor development may be affected by such factors as age, sex, culture, confinement, uninteresting surroundings, lack of opportunity to practice, as well as from sensory and neurological impairments.

6. Three common methods of learning apply to the acquisition of motor skills: 1) trial and error; 2) imitation; and 3) training. In the trial and error method, the child tries different activities and employs those which best suit his/her purposes. Imitation depends upon the child's ability to observe and is influenced by the quality of the model. Training makes use of imitation, but with supervision and guidance to prevent bad habits which inhibit further learning. Of the three methods named, training is the most efficient.

OBJECTIVES

1. To facilitate an understanding of the terminology used by professionals in discussions concerning the child's ability to move his/her body and its component parts.

2. To develop among parents and professionals an understanding of: 1) procedures which encourage motor development; 2) inhibiting factors in motor development; and 3) compensatory measures used by motor handicapped children, in order that the motor development of children with developmental disabilities will be facilitated.

3. To indicate sources of help for children with motor development problems.

STUDY QUESTIONS

1. What is the relationship between motor development and the child's development in other areas such as language, self-help, social and emotional?
2. Why is the motor development of a moderately or severely retarded child slower than that of other children?
3. With reference to the dependency of motor development on maturation, what is the purpose of infant stimulation in motor development?
4. How can play pens, jump seats, play and feed tables impede a child's motor development?
5. What purpose is served by putting objects of interest within the child's range of vision before he is able to move his body?

REQUIRED READING

Text: Chapter 7

SUGGESTIONS FOR ADDITIONAL READING

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YOUNG CHILDREN WITH SPECIAL NEEDS

PROGRAM 8 LANGUAGE DEVELOPMENT

FOREWORD

Although much literature has been generated on the subject of language development, the student may be confused by some writers' careless interchange of the words communication, speech, and language. For the purposes of common understanding, and preparation for further study, a differentiation seems appropriate.

Communication is defined as information passed along (or transferred) between and among persons, groups and/or nations. The various forms of communication range from a subtle change in facial expression to profound oratory delivered by mass media throughout the world. Signals, flags, signs, gestures, posture and words are among the different forms of communication.

Speech refers to the act of uttering words or sentences. If the utterances are not understood and if other forms of communication are absent, the intended information has not been passed along. On the other hand, clearly articulated words chosen carefully to fit the receiver's level of understanding can be an effective and efficient form of communication. However, speech is only one form of expressive language.

Language includes the processing and understanding of incoming information as well as the production of the message. Language is communication in its highest level of sophistication. While it is believed that other animals in some way communicate with their kinds, the use of language in its broadest sense is unique to man.

The importance of language in human development is emphasized by these facts: 1) language growth and conceptual growth are parallel, and 2) language is the basic ingredient used to develop as well as to express thought. Because its foundations are laid early in life, early identification of potential language problems is necessary in order that proper treatment can be administered before the condition becomes complex and affects other areas of development.

OBJECTIVES

1. To develop knowledge and understanding of: a) the process of language development; b) forms of communication and their use; c) sources of language problems; d) symptoms which indicate a need for specialized assistance; e) resources for needed assistance and f) procedures which promote adequate communication skills in order that parents and professionals will be better prepared to facilitate language development in children with developmental disabilities.

2. To establish a basis for effective exchange of information between parents and professionals through the use of terminology relative to language development.

STUDY QUESTIONS

1. What is the relationship between:
 - a. Language development and motor development?
 - b. Language development and social/emotional development?
 - c. Language acquisition and further learning?
 - d. Good models and the child's language development?

2. a. How will the child's ability to hear and to process what he hears affect his/her language development?
- b. How will the child's ability to see and to process what he sees affect his/her language development?
- c. Will other sensory impairments affect the child's language development?
3. What contributes to the language problems of: a) children with cerebral palsy? b) children with mongolism? c) children with autism?
4. a. Within my community, what are the resources available to parents whose young children have language problems?
- b. What additional services are needed?

REQUIRED READING

Text: Chapter 8

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YOUNG CHILDREN WITH SPECIAL NEEDS

PROGRAM 9 CONCEPTUAL DEVELOPMENT

FOREWORD

Fundamental to the process of conceptual development, the child's ability to understand himself and his environment, are maturation and learning. Maturation of the sense organs, brain and nervous system "provides a state of readiness to understand, but learning is essential to the acquisition of meanings on which understanding is based." (Hurlock, 1972, p. 368). Throughout the life of an individual, meaning will be acquired from sensory exploration, motor manipulation and communication.

Understanding is based on concepts. It begins when the child perceives differences in things he sees, hears, smells, tastes and feels. The linking of common elements from sensory experiences result in concept learning.

Concepts may refer to objects, emotions, people, relationships, functions, qualities and other characteristics. They may be concrete or abstract, verbalized or not. It is possible for a child to understand a concept which he can neither describe or label. Conceptual development is associated with and dependent upon the total development of the child. It is influenced by the child's ability to learn from an experience (cognitive aspect). "Emotional weighting" - how the child feels about the person, object, etc. - influences the sensory experience and, thus, the learning process. Both the cognitive aspects and affective aspects influence the child's response to his environment.

The complex nature of concept development is further illustrated by these facts: 1) experiential deprivation thwarts concept formation and/or contributes to misconceptions; and 2) conceptual development is progressive with new concepts based on earlier learning. Therefore, faulty concepts acquired in infancy or early childhood can have damaging effects on the child's learning later in life. The implications for the training of parents and their children with developmental disabilities are clear. The film demonstrates various factors relative to conceptual development.

OBJECTIVES

1. To increase understanding of those factors which foster or impede conceptual development.
2. To demonstrate the relationship between conceptual development and the child's total development.
3. To provide parents, teachers and professionals in the health professions with demonstrations of some of the methods, materials and experiences which are proving to be effective for children with developmental disabilities.
4. To encourage experimental study for the purpose of identifying experiences, methods, materials and program designs which foster conceptual development in children with developmental disabilities.

STUDY QUESTIONS

1. What is the relationship between medical treatment for children with developmental disabilities and their conceptual development?
2. Explain the effects of the socio-economic level of the child's family on his/her conceptual development.
3. Identify the advantages and disadvantages of home-based programs and center based programs for young children with special needs.
4. What is the relationship between early intervention programs for young handicapped children to conceptual development?
5. Suggest ways in which faulty concept formation can be avoided.
6. How are language development and conceptual development related?

REQUIRED READING

Text: Chapter 9

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YOUNG CHILDREN WITH SPECIAL NEEDS

PROGRAM 10 SELF-HELP SKILLS

FOREWORD

Self-help skills refers to those tasks concerned with the daily care of the body and body needs. As used here, it is intended that the term have the same connotation as self-care and daily living activities both of which appear frequently in the literature.

The basic goal of instruction is to help the child progress toward becoming independent. The more he is able to care for himself, the greater are his chances for healthy adjustment and happiness. The child's independence also increases the independence of his parents.

Comprehensive treatment of the subject is difficult because learning is not achieved in isolated areas and each developmental achievement of the child moves him a degree closer to independence than he was before the task was accomplished. The film content has been limited to a selection of the list of tasks generally included under the heading, Self-Help Skills.

The following suggested guidelines for instruction may be equally useful for parents and professionals:

- 1) Be sensitive to signs of the child's readiness to learn a new task. Failure to recognize the child's readiness may be as harmful as expecting learning which is too advanced. In either case, valuable learning time is wasted.
- 2) Provide opportunities for many successful repetitions of the self-help skill before deciding it has been mastered. Then allow the child to use the new skill whenever it is needed.
- 3) Allow enough time for the child to complete the task. Even after mastery of the task, the child may need more time for its use than will an adult.
- 4) Teach one skill at a time.
- 5) Teach skills as you want them used, not on a doll or model.
- 6) Design instruction to require short periods of time which can be comfortably be fitted into your schedule. This practice will acknowledge the child's short attention span and assist you in remaining calm and patient.
- 7) Praise the child for small amounts of progress at first, but gradually increase the spacing between rewards. Your goal is to make accomplishment rewarding to the child.
- 8) Teach when the child feels the need for learning.
- 9) Explain your actions during instruction by demonstration.
- 10) Avoid teaching in distracting settings.
- 11) Be aware that the child will need additional instruction when the situation is different from the one in which he learned the skill.

(The inclusion of these guidelines in the film has been limited to implication in deference to several constraints.)

OBJECTIVES

1. To facilitate the development of self-help skills among children with developmental disabilities by: a) emphasizing relevant instructional conditions; b) indicating areas for precaution; c) identifying resources for additional information.
2. To prevent over dependence of the child on his/her parents or parent substitutes; to foster the child's growth toward adequacy and independence.
3. To encourage parents and professionals to be sensitive to whether the method of instruction is appropriate to the child's unique characteristics and to adopt methods to improve instruction for individual children.
4. To assist parents and professionals in their work with the child to develop in him/her a state of readiness for varied types of learning experiences.

STUDY QUESTIONS

1. Why is instruction in self-help skills considered "appropriate educational opportunities" for young children with developmental disabilities?
2. How can the use of developmental scales assist in curriculum planning relative to self-help skills instruction?
3. How is the acquisition of self-help skills dependent upon maturation and learning?
4. a. What are the appropriate methods for teaching self-help skills?
b. How may these be combined effectively?
5. What is the relationship between task analysis and end-chaining?
6. What are the deterrants to the instruction in self-help skills of young children with developmental disabilities?

REQUIRED READING

Text: Chapter 10 and Chapter 19

SUGGESTIONS FOR ADDITIONAL READING

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YOUNG CHILDREN WITH SPECIAL NEEDS

PROGRAM 11 SOCIAL AND EMOTIONAL DEVELOPMENT

FOREWORD

The social and emotional development of any child are strongly influenced by external factors. Social development depends upon the child being with people; emotional development depends upon how the child is treated. These areas of development are closely intertwined and, at the same time, are both dependent upon and influenced by successful learning of basic skills in other areas.

Children can be "set up" for either success or failure in any learning experience. Failure is assured when the child is expected to learn what he is not ready to learn. On the other hand, success can be a reality when the child is ready to learn a task, when instruction is properly sequenced, and when it is delivered in "bite-size" steps.

The manner in which a child is treated largely determines the outcome of the learning experience. The confidence of children with developmental disabilities will be destroyed if they are treated as if their disabilities make them persons of little worth. As with all other children, they will move to a higher level of adjustment and achievement when their earlier needs have been satisfied.

Of the myriad of interwoven factors which can and do have bearing on the child's learning experience, his self-concept (how he feels about himself) is the single most important factor of all. It is called by many names--self-image, ego, self-esteem, self-worth. It is derived from the child's interpretation of his experiences with regard to certain roles and status. It may be or may not be realistic, but it is worth noting that children tend to adopt the same attitude toward themselves (abilities and disabilities) that their parents and playmates demonstrate.

Each child regardless of his condition, needs to know that he is a unique person who can learn, love and be fulfilled. He needs to know that he is a valued individual.

OBJECTIVES

1. To assist parents and professionals in promoting the growth of young children with developmental disabilities toward self-acceptance and social acceptance.
2. To discourage over-protection of the child.
3. To prevent social and emotional problems among children with developmental disabilities.
4. To promote understanding among adults of their important role as contributors to the state of the child's mental health.

STUDY QUESTIONS

1. a. In what ways do parents contribute to social maladjustment in young children?
- b. To emotional problems?

c. With reference to the previous questions, what assistance can a professional provide to the family of a child with developmental disabilities?

2. How are feelings of trust developed in the young child? Also, how can they be destroyed?

3. What are the signs of low self-esteem?

4. In what way can a knowledge of the developmental sequence of social and emotional development a) identify potential problems? b) contribute to the child's instructional program?

5. What is the relationship between self-concept and self control?

6. What are the necessary conditions for social rewards (reinforcers) to be effective?

REQUIRED READING

Text: Chapter 11

SUGGESTIONS FOR ADDITIONAL READING

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YOUNG CHILDREN WITH SPECIAL NEEDS

PROGRAM 12 CHILD'S PLAY

FOREWORD

Like all other children, the child with developmental disabilities has a need to play. At any age, play is fun, but it is also a powerful learning tool.

Not too many years ago, most people considered play to be the natural way for children to occupy their time. The fact that the child learned from playing was recognized but not emphasized. Parents provided as many different types of play-things as possible, not to promote learning through different experiences, but to give the child enough resources to satisfy his fleeting interest.

At the present time, play is considered a need of all children. Its value lies in the variety of experiences it provides from early infancy and throughout life. These experiences help the child to learn by doing. By looking, feeling, pushing, tasting, grasping, he learns that he can make things happen. Each activity can be a learning experience, and each bit of learning helps the child to learn something more.

Not all children can initiate their own play activities. They need some help. A ring designed to capture the child's attention may need to be dangled within his range of vision, or it may be necessary to open his hand and to help him grasp it. It may be better at capturing his attention if it were larger or if it had sound. The many activities which parents use to help their child become aware of his surroundings are forms of instruction. Playing with the child and helping him to learn to play are important steps in his total development.

OBJECTIVES

1. To demonstrate the significant contribution of play to the total development of the child.
2. To foster awareness of conditions which help the child to develop through play.
3. To assist parents and other adults concerned with the development of young children in the selection of appropriate play activities and toys.
4. To encourage the involvement of parents in their child's play activities.

STUDY QUESTIONS

1. What is the relationship between the child's play activities and cognitive development?
2. How can the child's play give some indication of his developmental level?
3. What are the problems with regard to play activities for the mentally retarded? the child with cerebral palsy? the child with autism? the child with epilepsy?

4. In what ways can a parent contribute to the play activities of their child with developmental disabilities a) as an infant? b) as a toddler? c) as a preschooler?
5. Is watching TV a play activity?
6. What are the necessary precautions concerning the play activities of children with developmental disabilities?

REQUIRED READING

Text: Chapter 12

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YOUNG CHILDREN WITH SPECIAL NEEDS

PROGRAM 13 FAMILY LIFE

FOREWORD

In addition to the expected problems accompanying the arrival of a new baby, the family of a baby with developmental disabilities is faced with overwhelming concerns. Even before a diagnosis has been made, fear that all is not well with the child has caused considerable distress. Certain knowledge of the child's developmental problems is closely followed by the need for frequent specialized services which quickly drain the family's financial resources. The nature of the child's problem may require so much of the mother's time that she has little left for the other members of the family. Restricted family activities may be the direct result of having a child with special needs at home.

The severity of these and other problems dictate where the child will spend most of his time and who, indeed, will fill the roles of parents, siblings, relatives and friends. Whether the child lives at home, spends most of his waking hours in a day care center or resides in an institution will determine who becomes the important people in his life, and what kind of activities will occupy his time. Wherever he lives, the people with whom he lives become his family and are directly responsible for the quality of his family life.

Professionals concerned with the care and treatment of children with developmental disabilities and their families will need a keen awareness of the problems they face and the anxieties they live with daily. Sensitivity to the parents' lack of experience and training in the special needs of their child can increase the quality of professional service, but only if a bond of mutual respect is established. To do this professionals must: 1) accept parents as they are; 2) assist parents to openly discuss their concerns and to feel capable of dealing with them; 3) include both parents in discussions if possible and at times other members of the family; 4) show a continuing interest in the child and his problems; and 5) help the parents to realistic understanding of the child through education and correction of misconceptions.

Effective professional assistance to the parents of children with developmental disabilities positively affects the quality of life not only for the child but for each member of the family.

OBJECTIVES

1. To demonstrate "family life" activities in three different settings.
2. To demonstrate how the roles of family members are assumed by the substitute family in different settings.
3. To establish an understanding of the relationship between parent adjustment and the quality of family life.
4. To assist parents and professionals to improve the quality of family life for all children with developmental disabilities.

STUDY QUESTIONS

1. a. What are the effects of a child with developmental disabilities on family life?
- b. Are these increased or decreased by early identification and intervention?
2. What can be done to help the siblings of a child with developmental disabilities?
3. How can the family of a child with developmental disabilities help him to win acceptance in the community?
4. What kinds of professional help is available in my community to assist parents with adjustment problems accompanying the birth of a child with developmental disabilities?
5. What is the relationship between the quality of family life and the level of social development among children with developmental disabilities?

REQUIRED READING

Text: Chapter 13

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YOUNG CHILDREN WITH SPECIAL NEEDS

PROGRAM 14 HEALTH, SAFETY AND NUTRITION

FOREWORD

Intrinsic and extrinsic factors affect a child's health and therefore his development to potential. Because the child with developmental disabilities has a greater vulnerability to all stresses of life, his health needs greatly exceed those of other children. For the purpose of discussion, subheadings, HEALTH, SAFETY, and NUTRITION have been imposed.

HEALTH. Three concepts concerning illness and development are relevant in a discussion of the health needs of children with developmental disabilities. They are:

1. The child's ability to cope with illness is dependent upon his level of development. If the child is maturing at a slower rate than other children, the more difficult it will be for him to understand and to cope with his limitations.

2. In acute illness, the child regresses to those behaviors most comfortable to him regardless of his apparent development achievement.

3. Anxiety is created in the child when growth and maturation are inhibited by illness.

SAFETY. The child's safety is dependent upon the use of techniques for preventing accidents. Responsibility for the child's safety rests firmly with everyone concerned with his care.

The major causes of accidents have been grouped under the following headings:

Falls, blows, cuts and animal bites

Suffocation and strangulation

Poisoning

Drowning

Fires, burns and electric shock

For prevention, one must anticipate the various ways these accidents can occur and remove the causes from the reach of the child. Also, people must take seriously warnings not to trust to luck any potential causes for accidents.

NUTRITION. Recent literature concerning nutrition leaves little doubt concerning the strong relationship between malnutrition and learning problems in children. Maternal malnutrition during pregnancy is one preventable cause of mental retardation. Malnutrition during the first four years of life inflicts irreversible harm to the child's development. Hunger saps vitality and inhibits concentration on the learning tasks.

Malnutrition is usually associated with not eating the proper foods in prescribed quantities. Other related causes of malnutrition are: metabolic disorders, delayed sucking reflexes, lateness in learning to chew and illness. All of these have implications for many children with developmental disabilities.

OBJECTIVES

1. To foster understanding of the relationship of good health practices to the development of human potential.
2. To sharpen parental awareness of potential causes of serious accidents and methods of prevention.
3. To emphasize the importance of good nutrition as it relates to the child's ability to learn.
4. To stimulate further study in the health and safety needs of children with developmental disabilities.

STUDY QUESTIONS

1. How are the health needs of children with developmental disabilities different from those of other children?
2. Why is it difficult to teach children with developmental disabilities safety precautions?
3. How does the child's developmental status contribute to poor eating habits and/or malnutrition?
4. In what way is malnutrition a form of child abuse?
5. How can malnutrition be prevented in a democratic society?
6. What is the relationship between developmental disabilities and a lack of safety precautions?

REQUIRED READING

Text: Chapter 14

SUGGESTIONS FOR ADDITIONAL READING

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YOUNG CHILDREN WITH SPECIAL NEEDS

PROGRAM 15 PARENTS OF CHILDREN WITH
SPECIAL NEEDS

FOREWORD

Conversations with parents of young children with special needs and literature concerning the same subject support the notion that parents' adjustment to the knowledge of their child's condition is a growth process. It begins with an awareness that all is not well with their child when compared to other children. This phase is followed by recognition that a disability exists. Recognition prompts the parents to seek reasons or the cause of the disability followed by a search for a solution. The phase of acceptance begins when the child and the disability are accepted by at least one parent.¹

The length of time required for the parents of a child with developmental disabilities to reach the stage of acceptance and the ease with which the attitude becomes real, seem to depend on two factors: 1) the emotional maturity of the parents, and 2) the quality of the assistance they have received.

For over twenty-five years, parents of children with developmental disabilities have depended upon and have received their greatest support from one another through parent organizations (i.e. the Association for Retarded Citizens, United Cerebral Palsy, Epilepsy Foundation, Association for Children With Autism, and others). Smaller more informal groups have also worked together effectively to accomplish the specific goal: optimum development of their children.

They have created public awareness of their children's needs: 1) specialized services; 2) alternatives in educational program designs; 3) appropriate instructional materials and other equipment; 4) personnel trained to work in a variety of settings; and others. Through discussion groups they have derived insights to their own problems and those of people with similar problems. Their discussions have generated thoughts and ideas directed toward problem solving. Their accomplishments have been impressive.

However, their work is not finished and never will be as long as there are children with developmental disabilities. Even when programs and services become adequate in number and exemplary in quality, parents of handicapped children will still have a need for and benefit from the support that is available from organizations of parents with similar problems.

To be of maximum benefit to the young child with special needs, professionals must understand the parents' viewpoints. Parents of handicapped children who have not had contact with parent groups need to know that their active involvement will be beneficial to them and to their child. The film, the last in the series, is directed toward the needs of both groups.

1. M. L. Hutt, & R. G. Gibby. The mentally retarded child. Boston: Allyn & Bacon, 1976, p. 367.

OBJECTIVES

1. To demonstrate parents' viewpoints concerning early educational intervention with their young children who have special needs.
2. To encourage parents to become involved in parent organizations which have as their main goals advocacy and achieving needed services for their children.
3. To provide professionals with insight to the concerns of parents whose children have special needs.
4. To help parents of children with developmental disabilities accept the limitations of the child and plan realistically for his future.

STUDY QUESTIONS

1. What assistance can be provided by a professional educator to the family of a child with developmental disabilities?
2. Of what value is membership in an organization of parents to: a) parents of a child with special needs; b) professionals who work with such children?
3. a. What are the differences in the perceptions of the professional and the perceptions of a parent concerning the needs of the child with developmental disabilities?
b. What should be added to the training of personnel entering professional service to make them sensitive to the perceptions of parents concerning the needs of their child with developmental disabilities?

REQUIRED READING

Text: Chapter 17

SUGGESTIONS FOR ADDITIONAL READING

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A SPECIAL DICTIONARY

Aberration - A deviation, usually regarded as abnormal.

Abortion - The ending of a pregnancy before the twenty-fourth week: it can be spontaneous (occurs by itself) or induced (brought on intentionally).

Acuity - Acuteness or clearness; amount of sensory perception, especially of vision.

Amino acids - The end products of protein digestion: they are necessary for tissue repair and growth. If for some reason there is a breakdown in this digestive process, it can be detected through what is called an amino acid screening.

Amniocentesis - The withdrawal from the pregnant mother's womb of some amniotic fluid (usually between the fourteenth and eighteenth weeks of pregnancy) in order to chemically analyze cells from the baby. It is used to try to prevent handicaps by treating Rh problems and by allowing abortions of those fetuses which are discovered to be abnormal. It can also help parents who are afraid to take a chance that their baby might be born with some defect that is in their families. Because a chromosome study is part of this procedure, amniocentesis can also incidentally tell the sex of the baby before birth.

Amniotic fluid - The liquid, or "bag of waters" that surrounds the baby while it is in the mother's uterus (womb). Skin cells of the baby are sloughed off into the amniotic fluid and they are what are studied in amniocentesis.

Anomaly - Anything unusual or irregular or different from the general rule. It usually refers to some physical characteristic; a congenital anomaly is one that happens to a baby before he is born and that is diagnosed at birth.

Anoxia - The result of a decreased or insufficient amount of oxygen in the organs and tissues of the body. An anoxic person lacks enough oxygen, may turn purplish or bluish, and seems to struggle for air if conscious. Anoxia at the time of birth is a major cause of brain damage in babies.

Apgar score - A scale devised by Dr. Virginia Apgar to measure a newborn baby's vital signs at birth and right after birth.

Aphasia - A disorder of language learning; the loss of the ability to express or understand language symbols (the spoken or written word) as a result of some central nervous system dysfunction. It can be expressive (or "motor"), in which the person can understand but cannot give back appropriate responses; receptive (or "sensory"), in which the person cannot understand language he hears or sees; or both. Congenital aphasia means language did not develop at all, rather than that it was once developed and then lost.

Aphonia - Inability to utter vocal sounds, due to some structural or functional defect in the vocal cords.

Apraxia - A brain disorder characterized by loss of ability to manipulate and use common objects and to execute planned movements.

Articulatory defects - Indistinct or confusing speech resulting from failure or inability to produce the commonly accepted speech sounds.

Ataxia - Muscle incoordination that shows itself, during a purposeful movement, by irregularity and lack of precision. It is often seen in people with cerebral palsy.

Athetoid - Constant slow, writhing, involuntary movements, usually of a part of an arm or leg (or hand or foot), that stops only during sleep. It is often found in people with cerebral palsy.

Audiometry - The measurement of hearing sensitivity and acuity: generally classified into pure tone audiometry and speech audiometry.

Autism - Refers to mental illness in babies or young children. Sometimes called infantile autism, it is really childhood schizophrenia. The child either stays at, or goes back to, his infancy in terms of his behavior: and he seems to withdraw from the world around him.

Behavior modification - A theory of changing behavior by understanding and manipulating the external (from the world around him) social or behavioral forces that operate on a person. The belief is that a person is likely to repeat behavior that is followed by a pleasant, or gratifying, experience. The emphasis is therefore on giving positive reinforcements (rewards) for desirable behavior, while ignoring as much as possible undesirable behavior. This method is called operant conditioning.

Bilateral - Having two sides; pertaining to both sides.

Birth trauma - An injury to the infant received during or due to the process of being born.

Brain - The large, soft mass of tissue located inside the skull. It is the primary center for regulating and coordinating all body activities. It is also the center of awareness, thought, memory, reason, judgement and feeling. Different parts of the brain control different things; therefore, the result of brain injury or brain damage depends on which part or parts of the brain are affected.

Brain damage - The result of injury to, or lack of development of, brain cells. It can also be called brain injury.

Breech delivery - When a baby is born feet first or buttocks first. It occurs in about 1 out of 60 deliveries.

Capacity - A potential ability, or one largely inherited but not fully developed.

Central nervous system - Part of the total nervous system. It includes the brain and the spinal cord. (The nerve endings and fibers that go from the brain and spinal cord to all the parts of the body are called the peripheral nervous system.)

Cerebral palsy - Also referred to as "C.P.," it describes a defect of, or difficulty in, motor power and coordination that is related to damage of the brain at birth.

Chromosome - A microscopic part of the cell, containing thousands of genes (hereditary determiners, or traits that are passed from parents to their children). In humans, the normal number of chromosomes in each cell is 46 (or 23 pairs, including the sex chromosomes that determine whether a person will be a male or a female): one of each pair comes from each parent. If the total number or pattern of chromosomes differs for any reason, the baby can have certain diseases or defects.

A chromosome study is sometimes done on a baby to help diagnose a suspected condition; and sometimes it is done on parents to see if they are carriers of an inheritable disease. A chromosome study is done through a special kind of examination of cells obtained through a blood sample. Karyotype is another name for chromosome study, and it is a "picture" of the chromosomes arranged in pairs according to size and shape.

Chronological age - Sometimes referred to as C.A., it means the actual numbers of years of a person's life at any given time.

Cleft lip - A congenital defect in which a fissure exists in the upper lip.

Cleft palate - A congenital defect in which a longitudinal fissure exists in the roof of the mouth.

Coma - An abnormally deep sleep, or state of unconsciousness, in which the person cannot be aroused (awakened). It may be due to injury to the head affecting the brain; to the effects of certain drugs or poisons; or to central nervous system illness or disease.

Compensation - A defense mechanism by which an individual covers up or counterbalances a real or imagined inferiority in an effort to reduce tension.

Congenital - Any mental or physical trait or condition that exists at birth because of something that happened to the fetus during the time it was in the womb; it may or may not be hereditary.

Conflict - A condition that arises when an individual is faced with motives that are incompatible.

Convulsion - Violent involuntary contractions of an extensive set of muscles.

Cranium - The skull; the bones of the head that are around the brain.

Cretinism - A type of mental deficiency resulting from a deficiency in thyroid secretion.

Cyanosis - The dark purple or bluish color of the skin and mucous membranes due to lack of oxygen (and too much carbon dioxide) in the blood; or due to a severe reduction of blood moving through the body (very poor circulation).

Cystic fibrosis - A congenital metabolic disorder in which the body gives off certain abnormal secretions that are carried throughout the body in the blood. Symptoms usually appear in early childhood. The disease is chronic and degenerative, with no known cure. It is usually found only in white people.

Developmental disabilities - Refers to individuals with a disability attributable to mental retardation, cerebral palsy, epilepsy or autism, or who requires treatment similar to that required for mentally retarded individuals. A developmental disability originates before the individual reaches an age of 18, and can be expected to continue indefinitely to such a degree that it constitutes a handicap.

Diagnosis - The determination, after evaluation of the symptoms available, of the nature of a disease or condition; the decision as to what the condition really is.

Diplegia - Paralysis affecting like parts on both sides of the body; bilateral paralysis-legs more often affected than arms.

Drooling - Dripping or flowing of saliva from the mouth.

Dysfunction - Absence of complete normal function-differs from paralysis in which there is loss of function.

Dyslexia - A reading disability; an impairment, usually due to central nervous system dysfunction, that has to do with printed symbols. It is the most common of the learning disabilities. It is estimated that between 3 and 7 percent of the population of the United States has some dyslexia: boys seem to outnumber girls almost 3 to 1.

The dyslexic child often sees letters or numbers reversed (this is normal in children of a certain age but then passes); he may not be able to tell differences between words he hears that sound somewhat alike; he may have problems with size and shape discriminations (big, small, a square, a circle). All of these things affect the ability to learn to read.

Fissure - A narrow opening produced by cleavage or separation of parts.

ECG (or EKG) - Stands for electrocardiogram; a "picture" of the heart action which results from a machine recording of the electrical currents originating in the heart.

Echolalia - The involuntary repetition of a word or phrase just spoken by another person.

EEG - Stands for electroencephalogram; a record resulting from the use of a special machine to measure the electrical discharges of the brain. It is a painless examination in which electrodes from the machine are attached to the head with dabs of a glue-like substance. This examination, sometimes referred to as a

"brain wave test," is often used as part of the diagnostic evaluation of a child suspected of having brain injury, brain damage, or epilepsy.

Encephalitis - An inflammation of the brain, usually caused by an infection.

Secondary encephalitis is that which results from a disease or illness (such as measles or mumps encephalitis). Encephalitis is sometimes referred to as sleeping sickness.

Encephalopathy - A general term for any disease of the brain.

Endogenous - From within-often used to describe conditions arising from factors within, such as an hereditary condition.

Enzyme - A substance in the body capable of causing chemical changes in other substances (food, for instance), without itself being changed. Enzymes are found particularly in the digestive juices, causing substances in food to break down into simpler compounds so the body can use them. Each enzyme can only work on one particular compound. The more common ones break down fats, starches, proteins, and sugar. The end products are amino acids.

Epilepsy - A chronic disease characterized by the appearance of convulsions or their equivalent.

Grand mal - Major form of the disease in which the convulsions are generalized over the body with accompanying alterations of consciousness.

Petit mal - A milder form of epilepsy characterized by a momentary loss of consciousness.

Psychomotor epilepsy - A type of epilepsy in which irrational reactions, such as temper tantrums, serve as substitutes for, or equivalents of, convulsions.

Etiology - The cause of an illness, disease, or condition.

Exogenous - From without-often used to describe a condition arising from factors without, such as a non-hereditary condition.

Fetus- What the baby is called before birth and while it is in the mother's uterus (womb).

Gait - The way one walks. Many brain damaged children have what is called an "awkward gait."

Galactosemia - A metabolic disorder, starting in infancy, in which there are abnormal amounts of the enzyme galactose in the blood. The result can be physical and mental retardation, enlargement of the liver and spleen, and cataracts.

Genes - Those parts of the body cell which hold the characteristics that parents pass on to their children (heredity). Genes are located on the chromosomes. A dominant gene is one that is inherited from both parents and that usually is visible in the child; a recessive gene is one that is inherited from one parent and the chances of it being seen in the child are less.

Gestation - The period of pregnancy; the time from when the baby is conceived (conception) to delivery (birth). The "normal", or average, gestation is 280 days or about nine months.

Group therapy - Group psychotherapy: the treatment of several individuals as a group.

Hemiplegia - Paralysis of the arm and leg on one side of the body.

Heredity - The characteristics, conditions, or traits which are passed down in a family from parents to children.

Hydrocephaly - Commonly called "water on the brain." A condition of increased secretion of serum into the cranial spaces with a possible consequence of pressure to such a point that the cranial organs may be damaged.

Hypertelorism - A congenital craniofacial deformity in which the distance between the eye sockets is abnormally great. Frequently associated manifestations are cleft lip and palate, malocclusion, congenital abnormalities of the fingers, hands, and heart, and mental retardation.

Hypertonia - Excessive muscle tone.

Hypotonia - Less than normal muscle tone.

I.Q. - Stands for intelligence quotient; an index or measurement of a person's mental age, determined through the use of standard psychological tests. I.Q. scores between 90 and 110 are considered average, or "normal."

Idiopathic - Of unknown cause.

Incidence - Range of occurrence or influence of a condition or disease.

Intelligence test - A way of measuring the difference between people, or between the reactions of the same person on different occasions. It is used to determine the person's I.Q.

Language disorder - Any problem in using symbols for communication; therefore, it can be a problem in listening, speaking, writing, or reading.

Lesion - Change in tissue resulting from injury or disease.

Meningitis - Inflammation of the membranes around the brain or spinal cord.

Meningocele - A protrusion of the membranes of the brain or spinal cord through a defect in the skull or spinal column.

Mental age - Sometimes referred to as M.A., it is the age of a person "mentally" as opposed to his chronological age. It is determined through the use of intelligence tests. It establishes the age at which the person's level of achievement is, no matter how many years old he actually is.

Mental illness - Any disorder which affects the mind or behavior in such a way that the person acts peculiar, bizarre, or different from what society considers "normal"; and which affects a person's daily functioning. In the old days, someone who was mentally ill was called "insane." The specialist who treats mental illness is a psychiatrist.

Mental retardation - Subaverage general intellectual functioning that originates during the developmental period and is associated with impairment in adaptive behavior.

Borderline retardation - Intellectual functioning ranging from 70 to 84 IQ as measured by standardized testing materials.

Mild retardation - Intellectual functioning ranging from 55 to 69 IQ as measured by standardized testing materials.

Moderate retardation - Intellectual functioning ranging from 40 to 54 IQ as measured by standardized testing materials.

Severe retardation - Intellectual functioning ranging from 25 to 39 IQ as measured by standardized testing materials.

Profound retardation - Intellectually below 25 IQ as measured by standardized testing materials.

Metabolic disorder - A problem in tissue change, that is, in the chemical changes of the body which result from converting food into body energy. This kind of disorder is caused by some abnormality in enzyme production.

Mongolism - Probably the most commonly recognized form of mental retardation. It is a condition caused by a chromosome problem and it results in physical and mental retardation.

For young mothers, the chances of having a mongoloid youngster are about 1 out of 2000; the chance increases with age, until over 35, when the possibility is about 1 out of 50. The name comes from the oriental look of the eyes: however, the medical term is Down's Syndrome. There are several "signs" of mongolism that doctors use in making the diagnosis: confirmation of it is made with a chromosome study.

Multiple handicap - Term used to indicate the presence of two or more handicapping conditions.

Neonate - The newborn baby up to 28 days of age.

Nerves - Bundles of fibers which transmit impulses or "messages" from one part of the body to another.

Obesity - The accumulation of fat that is detrimental to health.

Paraplegia - Paralysis of the lower part of the body, including both legs.

Pathology - Condition produced by disease or injury.

Patterning - A method of training in which constantly repeated exercises are used in an effort to get other, healthy brain cells to take over the functioning of damaged brain cells. This method is practiced by the Institutes for the Achievement of Human Potential (headquarters in Philadelphia) and is also known as the "Doman-Delacato method."

Pica - A hunger to eat things that are not edible (things other than food).

PKU - Stands for phenylketonuria, a congenital metabolic disorder in which there are abnormal amounts of the enzyme phenylalanine in the blood, resulting in brain damage. This condition is now treated with a special diet.

Pneumoencephalogram - An x-ray picture of the brain taken by replacing the cerebrospinal fluid with air or gas. It is sometimes used to help diagnose brain injury, brain damage, or a tumor.

Postmaturity - When pregnancy goes well beyond term. A postmature baby begins to lose weight and can begin to suffer from anoxia.

Potential - Existing in possibility, not in actuality; the highest level at which a person could perform.

Prematurity - When pregnancy ends before the ninth month. A premature baby weighs less than 5 pounds 8 ounces at birth.

Prenatal - Before birth.

Profile chart - Graph or curve formed by uniting the points representing one's scores on each of several kinds of tests or performances.

Prognosis - A forecast of the probably course or outcome of a particular illness, disease, or condition.

Psychotherapy - A method of treatment of emotional disorders. It is based primarily on verbal (talking) or nonverbal (playing) communication, rather than on drug therapy or shock therapy.

Quadriplegia - Paralysis or involvement of all four extremities.

Resuscitation - The stimulation of the breathing center in a person's brain to get the person breathing or breathing better.

Rubella - Commonly called German measles. Congenital anomalies including deafness, cataracts, cardiac malformations, and mental retardation may result in offspring from mothers contracting rubella in the first trimester of pregnancy.

Sickle cell anemia - A genetic disease in which the red blood cells change to a shape resembling a sickle. These red blood cells then reduce the amount of oxygen going through the body, thus slowly causing damage to various parts of

the body. It occurs mostly in black people. Although the symptoms may be treated, this disease is considered chronic and degenerative because there is no known cure.

S.Q. - Stands for social quotient. It is an index of a person's ability to look after his own needs and to take responsibility for himself. It gives the age, therefore, at which the person is functioning socially (his social age) rather than how many years old he actually is.

Spasms - Alternate contracting and relaxing of muscles.

Spastic - The state of such increased muscle tone that there is exaggeration of all the reflexes. It is often found in people with cerebral palsy.

Specialist - The person who deals with a particular problem area. Examples of the kinds of specialists the handicapped youngster and his parents may meet are as follows:

Audiologist - The person who is trained to evaluate, diagnose and treat hearing problems in children.

Educational Child Development Specialist - This professional is trained to provide services for young children with special needs and to coordinate those services which are outside the range of her training.

Endocrinologist - The medical doctor who specializes in the hormonal (glandular) system.

Geneticist - The medical doctor who studies chromosomes and genes, who performs amniocentesis, and who counsels people about the risk of producing babies with certain genetic problems.

Language Development Specialist - The professional who works with children in ways similar to those of a speech pathologist. He is concerned with how language develops and how it may be stimulated.

Neurologist - The medical doctor whose area is neurological problems, or problems of the central nervous system.

Neurosurgeon - The medical doctor who specializes in performing operations that have to do with the central nervous system.

Nutritionist - The person who is trained especially in the use of food for growth and general health.

Obstetrician - The medical doctor who specializes in delivering babies and in treating diseases specific to women.

Occupational Therapist - This is a therapist concerned with all areas of a child's development in play and other activities. She will provide activities to help a child develop evenly. O.T.'s may be found in school systems, health departments, hospitals or in private practice.

Ophthalmologist - The medical doctor whose specialty is in problems or diseases of the eye or vision, and including performing eye surgery.

Optometrist - The specialist in the scientific examination of the eyes to diagnose disease, and to treat vision problems through the use of lenses (glasses) or exercises but not through medication or surgery.

Orthodontist - A specialist trained to correct deformities of the mouth. He works with other professionals in the treatment of cleft lips and cleft palates.

Orthopedist - The medical doctor who treats all disabilities or diseases that have to do with the bones, the joints, and certain deformities of the body.

Otologist - The medical doctor who specializes in diagnosis and treatment of ear problems.

Pediatric dentist - This specialist is responsible for the dental health care of children.

Pediatrician - The medical doctor whose specialty is the general medical care of children (generally those under the age of 12 years).

Physiatrist - The medical doctor who specializes in rehabilitation through other than surgical means.

Physical therapist - The person skilled and specially trained in treatment of the body by massage or exercise, as prescribed by the physiatrist.

Psychiatrist - The medical doctor who specializes in the treatment of mental illness and emotional disturbance.

Psychoanalyst - A specialist in treatment of mentally ill or emotionally disturbed people; his professional degree (educational background) may be medical, or he may be a certified psychologist or social worker.

Psychologist - The person who is trained and certified to administer intelligence tests and who can also evaluate and treat people with emotional problems.

Public health nurse - The registered nurse who is community-based and who is specially trained to deal with community health problems, or health problems in the home.

Social worker - The person who is trained and certified to diagnose and treat social problems in the individual or in the family; and to work directly in the community for the improvement of social conditions which interfere with the mental and physical health of all people.

Speech pathologist - The person who is trained and certified to evaluate, diagnose, and treat speech and language problems.

Spinal tap - A laboratory procedure in which fluid is withdrawn from the spinal canal for diagnostic purposes.

Syndrome - A group or set of symptoms that together make up a certain disease or condition. A common example is mongolism, or Down's Syndrome. Chronic brain syndrome is a term used to refer to a nonspecific disturbance of brain function that is of long duration.

Tay-Sachs disease - A genetic disease that affects the central nervous system and that leads to death in early childhood. It is found only in people of Jewish ancestry.

Toxemia - A condition in which the blood contains toxic or poisonous substances.

Truama - A serious physical or emotional injury.

Traumatic experience - A sudden difficult situation that arouses a feeling of helplessness.

Tremor - A condition of trembling of any part of the body, such as the hands, head or fingers.

Triplegia - Paralysis of three limbs.

Withdrawal - Avoidance of facing an annoying unpleasant situation.

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Information Resources

- Alexander Graham Bell Association
for the Deaf
1537 35th Street, NW
Washington, D. C. 20007
- American Foundation for the Blind
Box FH, 15 West 16th St.
New York, N. Y. 10011
- American Medical Association
535 N. Dearborn Street
Chicago, Ill. 60610
- American Speech and Hearing
Association
9030 Old Georgetown Road
Washington, D. C. 20014
- Bureau of Education for the
Handicapped
U.S. Office of Education
400 Maryland Avenue, SW
Washington, D. C. 20202
- Charlottesville-Albemarle Association
for Retarded Citizens
P.O. Box 323
Charlottesville, Virginia 22902
- Children's Hearing and Speech Center
2220 11th St. NW
Washington, D. C. 20000
- Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091
- Dystoria Foundation
425 Broadhollow Road #215
Melville, N. Y. 11746
- Epilepsy Foundation of America
Suite 406
1828 L. St., NW
Washington, D. C. 20036
- Handicapped Children Information
Center
1619 M. Street NW
Washington, D. C. 20000
- Montgomery County Society for Crippled
Children and Adults, Inc.
The Easter Seal Treatment Center
1000 Twinbrook Parkway
Rockville, Md. 20851
- National Association for Retarded Citizens
2709 Avenue E., East
P.O. Box 6109
Arlington, Texas 76011
- National Association for the Deaf
814 Thayer Avenue
Silver Springs, Md. 20910
- National Association of Hearing and
Speech Agencies
919 18th St., NW
Washington, D. C. 20006
- National Center on Child Abuse and
Neglect
Office of Child Development
P.O. Box 1182
Washington, D. C. 20013
- National Society for Crippled Children
and Adults
2023 W. Ogden Avenue
Chicago, Ill. 60612
- National Federation of the Blind
1346 Connecticut Avenue, NW
Washington, D. C. 20000
- National Foundation March of Dimes
1275 Mamaroneck Avenue
White Plains, N. Y. 10605
- National Information Center for the
Handicapped
Box 1492
Washington, D. C. 20013
- National Institute of Health
9000 Rockville Pike
Bethesda, Md. 20014
- Office of Child Development
P.O. Box 1182
Washington, D. C. 20013

President's Committee on Mental Retardation
RO Building
7th and D. Streets, SW
Washington, D. C. 20201

Sarah Bonwell Hudgins Regional Center
Peninsula Association for Retarded Citizens, Inc.
51 Battle Road, Box 7394
Hampton, Virginia 23666

Tidewater Association for Retarded Citizens, Inc.
906 Ingleside Road
Norfolk, Virginia 23502

United Cerebral Palsy Associations, Inc.
66 East 34th Street
New York, N. Y. 10016

U.S. Department of Health, Education and
Welfare
Washington, D. C. 20201

U.S. Department of Health, Education and
Welfare
Division of Mental Retardation
Arlington, Virginia 22203

Virginia Council on Health and Medical Care
P.O. Box 12363
Central Station
Richmond, Virginia 23241

Virginia Association for Retarded Citizens, Inc.
827 East Main Street
Suite 1801
Richmond, Virginia 23219

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